CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS

Date Received
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AUG 07 2002

Please type or print in ink

COVER PAGE

City Closele

7/1			City Clerk
NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER
Beckman	JOHN	R	1204 1333-5325
MAILING ADDRESS STREET (May be business address)	CITY	ZIP CODE	OPTIONAL: FAX / E-MAIL ADDRESS
1022 Down	NG OR LODI	95242	
, , , , , , , , , , , , , , , , , , , ,			
1. Full Name of Office Soug Agency or Court:	jht or Held,	4. Schedule Sumn (Check applicable schedu	nary iles or "No reportable interests.")
LOD, City Couveil Division, Board, District, if applicable:		During the reporting period, did you have any reportable interests to disclose on:	
COUNCILMENISE Position:		Schedule A-1 Yes	- schedule attached
 If filing for multiple positions, list position(s): (Attach a separate s 	• , , ,	Schedule A-2 Yes	: — schedule attached Ownership)
Agency:		Real Property	- schedule attached
Position Title:		Income & Business Position	- schedule attached OS (Income Other than Loans, Gifts, and Travel)
		Income – Loans	- schedule attached
2. Jurisdiction of Office (Che	eck one box)	Schedule E	- schedule attached
County of LODI		Schedule F Yes Income – Travel Payments	- schedule attached
Multi-County		-0	or-
☐ Other	ì	→ □ No reportable intere	ests on any schedule
		Total number of pages co	mpleted including this
3. Type of Statement (Check	at least one box)	cover page:	,
Assuming Office/Initial Date:	:		
Annual: The period covered is J through December 31, 2001.	lanuary 1, 2001,	5. Verification	
O The period covered is/_ December 31, 2001.	/, through	statement. I have review of my knowledge the inf any attached schedules is	able diligence in preparing this ed this statement and to the best ormation contained herein and in strue and complete. I certify under
Leaving Office Date Left:/. (Check one)		penalty of perjury under that the foregoing is true	the laws of the State of California
O The period covered is January 1, 2001, through the date of leaving office.		Date Signed	7 - 0 7 (month, day, year)
-or-		1 1/	
O The period covered is/_ the date of leaving office.	/, through	Signature The the original	y signed statement with your filing official.)

X Candidate

SCHEDULE C Income & Business Positions

(Income Other than Loans, Gifts, and Travel Payments)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name

NAME OF SOURCE STATE OF CALIFORNIA	NAME OF SOURCE HUNHRREYS COLLRGO
STATE OF CALIFORNIA ADDRESS 315 W. PINE ST #12	ADDRESS 6650 inche word
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
GOVERNMENT	College
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
Field Refresentative	TEACHER
GROSS INCOME RECEIVED	GROSS INCOME RECEIVED
□ \$500 - \$1,000 □ \$1.001 - \$10,000	\$1,001 - \$10,000
\$10,001 - \$100,000 OVER \$100,000	\$10,001 - \$100,000 OVER \$100,000
,	
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED
Salary Spouse's income Loan repayment	Spouse's income Loan repayment
Sale of(Property, car, boat, etc.)	Sale of(Property, car, boat, etc.)
<u> </u>	U
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more
□ out	Olher
Other(Describe)	(Describe)
> NAME OF SOURCE	> NAME OF SOURCE
City of LODI	
	ADDRESS
address 221 W. Pine ST.	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
(90VOR~ment	
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
PLANNING CONNISSIUMER	
GROSS INCOME RECEIVED	GROSS INCOME RECEIVED
\$1,000 \$1,000	\$500 - \$1,000 \$1,001 - \$10,000
S10,001 - \$100,000 OVER \$100,000	\$10,001 - \$100,000 OVER \$100,000
	The state of the s
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED
Salary Spouse's income Loan repayment	Salary Spouse's income Loan repayment
Sale of(Property, car, boat, etc.)	Sale of(Property, car, boat, etc.)
	11
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more
Other	Other
(Describe)	(Describe)
Comments:	

SCHEDULE D

Income - Loans

(Received or Outstanding)

CALIFORNIA FORM	
Name	

> NAME OF LENDER /	> NAME OF LENDER
JACK AND CHARLYN LANCHLAND	
ADDRESS	ADDRESS
ADDRESS 15766 N. DE VRIES Rd	
BUSINESS ACTIVITY OF LENDER	BUSINESS ACTIVITY OF LENDER
T Standard to establish	Financial Institution
DOLDOD	
Other RetiRed	Other
INTEREST DATE TERM (Months/Years)	INTEREST RATE TERM (Months/Years)
% None / Year	
% None / YEAR	%None
HIGHEST BALANCE DURING REPORTING PERIOD	HIGHEST BALANCE DURING REPORTING PERIOD
\$500 - \$1,000 \$1,001 - \$10,000	\$500 - \$1,000 \$1,001 - \$10,000
\$10,001 - \$100,000 OVER \$100,000	\$10,001 - \$100,000 OVER \$100,000
[] \$10,001 - \$100,000	
SECURITY FOR LOAN	SECURITY FOR LOAN
None Automobile Personal residence	None Automobile Personal residence
	Deal Property
Real PropertyStreet address	Real Property Street address
City	City
•	[1]
Guarantor	Guarantor
Other(Describe)	Other(Describe)
	<u> </u>
> NAME OF LENDER	NAME OF LENDER
ADDRESS	ADDRESS
BUSINESS ACTIVITY OF LENDER	BUSINESS ACTIVITY OF LENDER
Financial Institution	Financial Institution
	
Other	Other
INTEREST RATE TERM (Months/Years)	INTEREST RATE TERM (Months/Years)
% None	% None
ANOMEST DAY ANGE DURING REGORTING REGIOD	HIGHEST BALANCE DURING REPORTING PERIOD
HIGHEST BALANCE DURING REPORTING PERIOD	\$500 - \$1,000 \$1,000
\$500 - \$1,000 \$1,001 - \$10,000	
\$10,001 - \$100,000 OVER \$100,000	S10,001 - \$100,000 OVER \$100,000
SECURITY FOR LOAN	SECURITY FOR LOAN
None Automobile Personal residence	None Automobile Personal residence
Real Property	Real Properly
Street address	Street address
City	City
<u></u>	
Guarantor	Guarantor
Other	Other
(Describe)	(Describe)
Comments:	